Fill in this information to identify the case:

Debtor	Nieberg Midwood Chapel Inc
United States Bankruptcy Court for the:	Eastern District of __NY__ (State)
Case number (If known)	1-16-40028 (ESS)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1:   List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).
   - ☐ No. Go to Part 2.
   - ☒ Yes. Go to line 2.

2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount

2.1 Priority creditor's name and mailing address
NYC Department of Finance
P.O. Box 680
Newark, NJ 07101

As of the petition filing date, the claim is: $ 86,037.63 $ 86,037.63
Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:
Real Estate Taxes

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
- ☐ No
- ☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Debtor _____   Case number (if known)_____
             Name

| Part 1. | **Additional Page** |

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.	Total claim	Priority amount

2._ Priority creditor's name and mailing address

$_____ $_____

_____

_____   **As of the petition filing date, the claim is:**
_____   *Check all that apply.*
                                    ❑ Contingent
                                    ❑ Unliquidated
                                    ❑ Disputed

Date or dates debt was incurred   **Basis for the claim:**

_____   _____

Last 4 digits of account   **Is the claim subject to offset?**
number ___ ___ ___ ___   ❑ No
                               ❑ Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ Priority creditor's name and mailing address

$_____ $_____

_____

_____   **As of the petition filing date, the claim is:**
_____   *Check all that apply.*
                                    ❑ Contingent
                                    ❑ Unliquidated
                                    ❑ Disputed

Date or dates debt was incurred   **Basis for the claim:**

_____   _____

Last 4 digits of account   **Is the claim subject to offset?**
number ___ ___ ___ ___   ❑ No
                               ❑ Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ Priority creditor's name and mailing address

$_____ $_____

_____

_____   **As of the petition filing date, the claim is:**
_____   *Check all that apply.*
                                    ❑ Contingent
                                    ❑ Unliquidated
                                    ❑ Disputed

Date or dates debt was incurred   **Basis for the claim:**

_____   _____

Last 4 digits of account   **Is the claim subject to offset?**
number ___ ___ ___ ___   ❑ No
                               ❑ Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

2._ Priority creditor's name and mailing address

$_____ $_____

_____   **As of the petition filing date, the claim is:**
_____   *Check all that apply.*
_____   ❑ Contingent
                                    ❑ Unliquidated
                                    ❑ Disputed

Date or dates debt was incurred   **Basis for the claim:**

_____   _____

Last 4 digits of account   **Is the claim subject to offset?**
number ___ ___ ___ ___   ❑ No
                               ❑ Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Debtor _____   Case number (if known)_____
        Name

Part 2:   List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim

3.1 | **Nonpriority creditor's name and mailing address**
Chase Bank

P.O. Box 35620

Louisville, KY 40233-6520

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Credit Line

$ 100,252.00

Date or dates debt was incurred _____
Last 4 digits of account number 1 8 0 0

Is the claim subject to offset?
☐ No
☐ Yes

3.2 | **Nonpriority creditor's name and mailing address**
Local 1034 Pension Fund

45-18 Court Square

Long Island City, NY 11101

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Union fees

$ 377,484.00

Date or dates debt was incurred February, 2015
Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

3.3 | **Nonpriority creditor's name and mailing address**
J&R MFG Inc.

50-15 38th St
Long Island City, NY 11101

As of the petition filing date, the claim is:
Check all that apply.
☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Caskets/Supplies

$ 15,301.00

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

3.4 | **Nonpriority creditor's name and mailing address**
Sprung Monuments

1060 Route 108

Lindenhurst, NY 11787

As of the petition filing date, the claim is:
Check all that apply.
☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Headstones

$ 6,000.00

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

3.5 | **Nonpriority creditor's name and mailing address**
Klein Monument

1640 Coney Island Ave
Brooklyn, NY 11230

As of the petition filing date, the claim is:
Check all that apply.
☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Headstones

$ 43,000.00

Date or dates debt was incurred _____
Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

3.6 | **Nonpriority creditor's name and mailing address**
American Express

P.O. Box 650448
Dallas, TX 75265-0448

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Credit Bills for Business Expenses

$ 2,081.00

Date or dates debt was incurred _____
Last 4 digits of account number 92002

Is the claim subject to offset?
☐ No
☐ Yes

Debtor _____   Case number (if known) _____
           Name

Part 2:   Additional Page

| Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page. | Amount of claim |

3.7 **Nonpriority creditor's name and mailing address**

American Express

P.O. Box 650448

Dallas, TX 75265-0448

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
☐ Liquidated and neither contingent nor disputed

$ 8,447.37

Basis for the claim: Credit Bills for Business Expenses

Date or dates debt was incurred
Last 4 digits of account number   69000 _ _ _ _

Is the claim subject to offset?
☐ No
☐ Yes

3.8 **Nonpriority creditor's name and mailing address**

Floral Park Cemetery

104 Deans Rhode Hall Road

Monmouth Junction, NJ 08852

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

$ 7,000

Basis for the claim: Gravesites/Headstones

Date or dates debt was incurred   2012
Last 4 digits of account number   _ _ _ _

Is the claim subject to offset?
☐ No
☐ Yes

3.9 **Nonpriority creditor's name and mailing address**

Stein, Devisser & Mintz, P.C.

29 West 38th St., 14th Fl

New York, NY 10018

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

$ 23,123.00

Basis for the claim: Accounting Services

Date or dates debt was incurred   2014
Last 4 digits of account number   _ _ _ _

Is the claim subject to offset?
☐ No
☐ Yes

3.10 **Nonpriority creditor's name and mailing address**

Rose Solomon

63 Flushing Ave

Brooklyn, NY 11205

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

$ 1,182.50

Basis for the claim: Shrouds/Supplies

Date or dates debt was incurred   December 9, 2015
Last 4 digits of account number   _ _ _ _

Is the claim subject to offset?
☐ No
☐ Yes

3.11 **Nonpriority creditor's name and mailing address**

Joe Morea & Sons Inc.

P.O. Box 690

Wantagh, NY 11793

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

$ 1,094.19

Basis for the claim: Private Sanitation Services

Date or dates debt was incurred
Last 4 digits of account number   _ _ _ _

Is the claim subject to offset?
☐ No
☐ Yes

Debtor _____   Case number (if known)_____
       Name

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

                                                                    Amount of claim

3.1 Nonpriority creditor's name and mailing address
Bitochon Technologies LLC

20 President Street

Staten Island, NY 10314

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____Website/Marketing_____

$ 2,110.00

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.2 Nonpriority creditor's name and mailing address
Whitmore Group

370 Old Country Road, Suite 200

Garden city, NY 11530

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____Insurance_____

$ 6,000.00

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.3 Nonpriority creditor's name and mailing address
George H. Kranz Inc

4301 Ditmars Blvd

Astoria, NY 11105

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____Livery Service_____

$ 2,702.98

Date or dates debt was incurred _____December 2015_____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.4 Nonpriority creditor's name and mailing address
_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.5 Nonpriority creditor's name and mailing address
_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.6 Nonpriority creditor's name and mailing address
_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

Debtor _____   Case number (if known)_____
          Name

Part 3:	List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

   If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.2.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.3.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.4.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
41.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.5.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.6.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.7.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.8.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.9.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.10.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___
4.11.		Line _____ ☐ Not listed. Explain _____	___ ___ ___ ___

Debtor _____   Case number (if known)_____
Name

| **Part 3:** | **Additional Page for Others to Be Notified About Unsecured Claims** |

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____   _____

4.__ _____   Line ____
_____   ☐ Not listed. Explain _____   __ __ __ __
_____

Debtor _____   Case number *(if known)*_____
Name

| Part 4: | **Total Amounts of the Priority and Nonpriority Unsecured Claims** |

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. **Total claims from Part 1**   5a. $ 86,037.63

5b. **Total claims from Part 2**   5b. **+** $ 595,778.05

5c. **Total of Parts 1 and 2**   5c. $ 681,915.67
    Lines 5a + 5b = 5c.